

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854180

FILED
Apr 07, 2010
Secretary of State

Entity Name: THE ROBINS CORPORATION

Current Principal Place of Business:

400 SHADES CREEK PWY
BIRMINGHAM, AL 35209 US

New Principal Place of Business:

400 SHADES CREEK PKWY
BIRMINGHAM, AL 35209 US

Current Mailing Address:

P O BOX 59289
BIRMINGHAM, AL 35259 US

New Mailing Address:

FEI Number: 63-0691152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST
Name: MORTON, BILL
Address: 400 SHADES CREEK PKWY
City-St-Zip: BIRMINGHAM, AL 35209

Title: CCEO
Name: MORTON, BARRY
Address: 400 SHADES CREEK PKWY
City-St-Zip: BIRMINGHAM, AL 35209

Title: SVP
Name: GAMBRELL, ROBERT
Address: 400 SHADES CREEK PKWY
City-St-Zip: BIRMINGHAM, AL 35209

Title: D
Name: SMITH, DOUG
Address: 400 SHADES CREEK PKWY
City-St-Zip: BIRMINGHAM, AL 35209

Title: D
Name: HOLTON, TOM
Address: 400 SHADES CREEK PKWY
City-St-Zip: BIRMINGHAM, AL 35209

Title: D
Name: BRETZ, BART
Address: 400 SHADES CREEK PKWY
City-St-Zip: BIRMINGHAM, AL 35209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BILL MORTON

PST

04/07/2010

Electronic Signature of Signing Officer or Director

_____ Date